

RECEIVED
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PUBLIC RECORDS

15 OCT 16 PM 4:51

Office Use Only

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ben Cardin for Senate, Inc.

ADDRESS (number and street)

P.O. Box 21093

Check if different
than previously
reported. (ACC)

Catonsville

MD

21228

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 000411587

3. IS THIS
REPORT



NEW
(N)

OR

AMENDED
(A)

MD

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)



Convention (12C)



Special (12S)

Election on

M A

Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)

Runoff (30R)



Special (30S)

Election on

M A / D D /

in the
State of

5. Covering Period

07 / 01 / 2015

through

09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Mathias

Signature of Treasurer

Robert Mathias

Date

10 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(Revised 02/2003)

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